

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **38071**

No. 300
10-48

FILED **OCT 27 1953**

| | | | | | | | | | |
|--|----------------------------------|--|---|---|--|---|--|----------------------------------|--|
| BIRTH MO. _____ | | REG. DIST. NO. 360 | | PRIMARY REG. DIST. NO. 3076 | | Registrar's No. 151 | | | |
| 1. PLACE OF DEATH a. COUNTY Vernon | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wasper | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada | | c. LENGTH OF STAY (in this place) 6 hrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin | | d. STREET ADDRESS (If rural, give location) 495 1 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hosp | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Jacob | | b. (Middle) F | | c. (Last) Haid | | 4. DATE OF DEATH (Month) (Day) (Year) 10 22 53 | | | |
| 5. SEX M | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) No | | 8. DATE OF BIRTH April 18, 1888 | | 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hour _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Feed | | 10b. KIND OF BUSINESS OR INDUSTRY Feed | | 11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tenn. | | 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Jacob Haid | | | 13b. MOTHER'S MAIDEN NAME Louisa Heintz | | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 425-10-8010A | | 17. INFORMANT'S SIGNATURE OR NAME Drew Robert Morris | | ADDRESS Nevada, Mo | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure | | | | DUE TO (b) Arteriosclerosis | | | | 10 hours | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) Bleeding peptic ulcer | | | | ? | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | Right hemiplegia secondary to CVA | | | | 10 hours | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 5400 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from 9/15 1953 to 10/22 1953 , that I last saw the deceased alive on 10/22 1953 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) D. E. Morris, M.D. | | | | 23b. ADDRESS Nevada, Mo. | | 23c. DATE SIGNED 10/23/53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-24-53 | | 24c. NAME OF CEMETERY OR CREMATORY Moore Cemetery | | 24d. LOCATION (City, town, or county) (State) Nevada, Mo. | | | |
| DATE REC'D BY LOCAL REG. 10-23-53 | | REGISTRAR'S SIGNATURE Anna E. Ferry | | 25. FUNERAL DIRECTOR'S SIGNATURE Shoote Funeral Home | | ADDRESS Nevada | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0870

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Richard L. Shorter

Licensed Embalmer No. 4532

P. O. Address Nevada, MO.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.